## **PROPERTY LOSS NOTICE**

{Please complete all areas in yellow}

FAX REPORT TO: 615-360-8336 /JANET BOV	MAN DATE:
PHONE: 615-361-0069 EXT. 202	DATE OF OCCURRENCE:
MAILING ADDRESS:	
INALING ADDILEGG.	
001101	
CCMSI	
402 BNA Drive, Suite 106	
Nashville, TN. 37217	
	CONTACT NAME & ADDRESS:
INSURED NAME & ADDRESS:	CONTACT MAINE & ADDRESS.
RUTHERFORD COUNTY	
RUTHERFORD COUNTY BOARD OF EDUCA	TION
LOCATION OF LOSS:	
<b>DESCRIPTION OF LOSS &amp; DAMAGE:</b>	
BUILDING: PERSON	AL PROPERTY: OTHER STRUCTURES:
BUILDING: PERSON	AL PROPERTY: OTHER STRUCTURES:
BUILDING: PERSON	AL PROPERTY: OTHER STRUCTURES:
BUILDING: PERSON	AL PROPERTY: OTHER STRUCTURES:
BUILDING: PERSON	AL PROPERTY: OTHER STRUCTURES:
	AL PROPERTY: OTHER STRUCTURES:
BUILDING: PERSON  ADDITIONAL INFORMATION:	AL PROPERTY: OTHER STRUCTURES:
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ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:	
ADDITIONAL INFORMATION:  WITNESSES:	AL PROPERTY: OTHER STRUCTURES:  REPORTED BY:
ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:  PHONE NUMBER:	
ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:	REPORTED BY:
ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:  PHONE NUMBER:	
ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:  PHONE NUMBER:	REPORTED BY:
ADDITIONAL INFORMATION:  WITNESSES:  NAME & ADDRESS:  PHONE NUMBER:	REPORTED BY: